

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## BUREAU OF VITAL STATISTICS

State Index No. 204

## ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 60No. 806 Live Oak St. Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pasqual Basquez (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 7 6. Legitimate? yes 7. Date of birth May 17, 1925 Month May Day 17 Year 19258. FATHER  
Full name Juan Basquez  
9. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state. Ariz.  
10. Color or race Mex.  
11. Age at last birthday 32 (Years)  
12. Birthplace (city or place) Morenci, Ariz.  
(State or country)  
13. Occupation  
Nature of industry Miner14. MOTHER  
Full maiden name Angelita Casillas  
15. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state. Ariz.  
16. Color or race Mex.  
17. Age at last birthday 28 (Years)  
18. Birthplace (city or place) Nogales, Ariz.  
(State or country)  
19. Occupation  
Nature of industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 1 A. m. on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown, M.D. (Physician or midwife)  
Address Miami, ArizonaGiven name added from a supplemental report \_\_\_\_\_ Filed May 23, 1925 \_\_\_\_\_ Local Registrar.  
Month, day, year \_\_\_\_\_

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

729-517-132

WRITE PLAIN—WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each ordered or birth stated.